

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PA</i>	<i>7091</i>	<i>4/4</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>64653</i>	<i>6/21/8</i>
RESPONSE FORMALITY REVIEW		<i>64119</i>	<i>8-7-8</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	4/15/83
2	1/10/83
3	1/10/83
4	1/10/83
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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